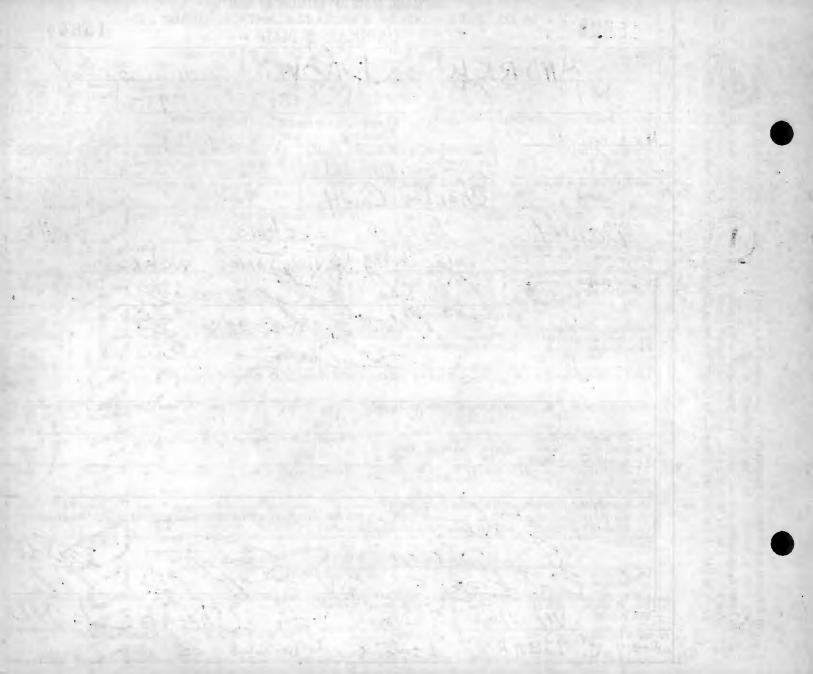
1	1	2/3/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	843
FOR STATE	1	15828 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	040
HEALTH DEPT. □ □ □ □ □ □		Type or Print) JOHN LYNN PANTEL BAKER OF ESTI-	Ooy Year 2b. HOUR 3 19 68 3 P.N
an de lay		Male White March 3,1951 as hypothy Months DAYS HOURS MIN Month 11 Day 16	Year 68 2d. HOUR
- 3	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VITY) Indianga U.S.A. WIDOWED DIVORCED Charles	M
not in 14m 18. Give Pages ainer's Office along with fag pages 1 and 2 with the State haurs after death.		arshall Hall 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital learn before) 12. USUAL OCCUPATION (Kind of work done limits are address) 12. USUAL OCCUPATION (Kind of work done limits are address) 12. USUAL OCCUPATION (Kind of work done limits) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY High Schoo
s after di 18. Give along w 2 with the death.	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13Bert nay da 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE Md. U.S. COUNTY Montgomery County YES X NO (12 6613 Bradley)	
haurs Litem 1 Office Jand 2	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L	John D. Baker Fae C. Ralphs	
n priction priction Examiner's File pages 77 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (bs. No runknown) (If yes give worer dates of service) (bs. Social Security No. John D. Baker-Father Bathes	
ni ni hin hin		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ward "pending" in the Chief Medical Es rial-transit permit. Fi		IMMEDIATE (AUSE (d) DI OWILLING	mediate
pen pen sit t		Conditions, if only which gove) DUE TO, OR AS A CONSEQUENCE OF Fatal Submerson	
Ild b		tise to immediate cause (a). Istating the underlying cause The state of the state	
shou we the the urial	Ш	lost.	
s certificate should s, writing the ward farwarded to the Ch used as a burial-tra emayal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica arde arde d as	S	NOX	Lan Autonovo
This certificate should cate, writing the ward be farwarded to the Ch be used as a burial-trust remaval, and in any	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO A
LEXAMINER: This certificate should be executed secuted the certificate, writing the ward "pending" is Page 4 should be farwarded to the Chief Medical far your files. R:Page 3 should be used as a burial-transit permit. ial, crematian, ar remayal, and in any event within	MEDICAL CER	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 3 HOUR A.M. 11/3/1968 Fell Overboard from Boat P.M. 11/3/1968 Fell Overboard from Boat	1 18.)
= 0 x + w 0	WE.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town forces, office building etc.)	County State
XA Je vau Yau Cre		WHILE MOT WHILE TO FOLLOW OF RIVER Near Marshall Hall , Charle	
CAL E executor. Part far. Part far. CTOR: burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔣, Inquiry 🔣,	
director director stained DIRECT		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
D. ~ 8		CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED
EPUTY sssary, funeral ay be a sy be a sy be a			17/1968
necessary, the funera 5 may be 10 FUNERA Health pr		NAME (Typ) James Andrews . M.D. Indian Head Strandity, town, or county)	
TO DEPUT NECESSAIT THE FUNE S may b TO FUNER Health	230	BURIAL, CREMENTON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (ii	Caunty) (State)
20	2,6	Parklawn Cemetery Rockville, Montgo	CHATHRE
VR A) SME	24.	FUNDS BY REGISTRAR S SING. APPEND WISS. AVE. 250. RECID BY REGISTRAR S SING. DATE NO. 20016	les yerdights .

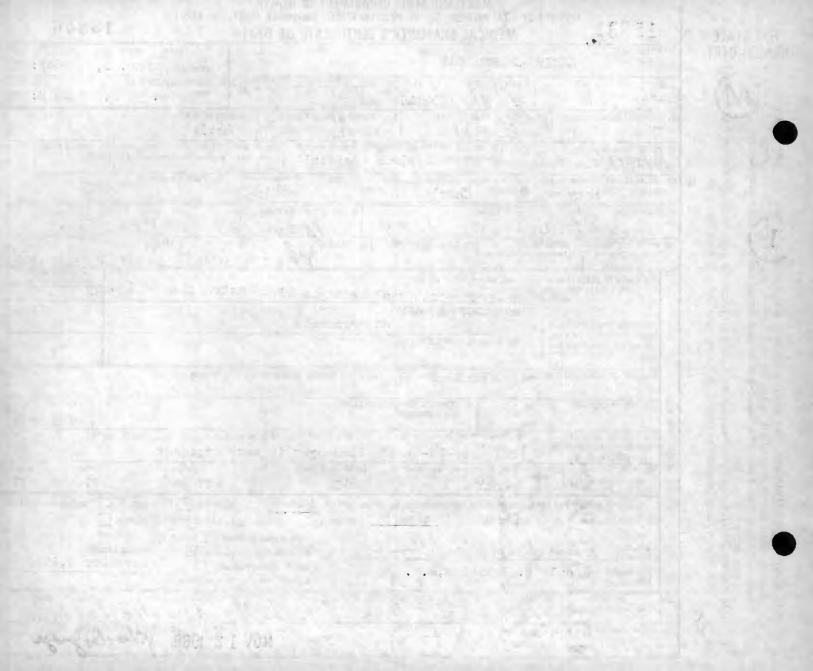
Manual Committee of the Frank Market Wile and the age but to the first the control of The surface of the su build Challe Charles that it is the same of AND DESCRIPTION OF THE PARTY OF the state of the s AND AND THE PROPERTY OF THE PR The state of the s - - The Medical Land of Spice on Comment and the contract of the contract of the · HAR CONTRACTOR INC. And the same of th

MARYLAND STATE DEPARTMENT OF HEALTH



CONTRACTOR OF THE PARTY OF THE 580,15,0200 2 ° C 9140 , 8V atal al Physics and Park Hospitals Maryland Charles Latelland x Annighlls Homes Mar Buging in the tages Ten to the second of the second secon San Art Break specia on Light, isolf of .0.0 mosel, Life Labell Clover, Very 1968 1: Labell Corners - Alacel Corners &. Arriver surgery none tro., to siete, Mt. 160, 20 Jug

a 1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		15831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5846
HEALTH DEPT. ∴ ♀ ♣ — ₹		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI- DEATH MATED NOV. 5	
deloy and 33		4. RACE S. DATE OF BIRTH 6. AGE (in years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month Nov. Day 5,	Year 1968 9:10A
form te Dep	(oun	WIDOWED GITALTES	Md
us ofter deoth 18. Give Pages 1, ce olong with form 12 with the State De	1	/tonsides La Plata give street oddress] Laplata Hospital during most of working life, even if retired.) INI	b. KIND OF BUSINESS OR DUSTRY
18. Give olong 2 with death.	di	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before deceosed lived, it is a supplied to the lived lived lived. The lived liv	
of the office of	14. F	ATHER'S NAME WIFITS MIDDLE ST. Day IS. MOTHER'S MAIDEN NAME Figst Middle Proc	to5
Examina 24 Examine: Sammers File pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 85, no, of unknown) (If yes give war or detes of service) 16b, SOCIAL SECURITY NO. 17. INFORMANT Marie Day Nanja	may Md,
-B.E. W		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Retroperitoneal Hematoma with destruction of kidn	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH EY
s certificate should be executed in a writing the word "pending" in forworded to the Chief Medical Es used as a buriol-transit permit. Firemoval, and in any event within		Conditions, if any, which gave) and pancreas	
should be e ne word "per o the Chief I buriol-transit		rise to immediate cause (a). stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF	
certificate should writing the word inworded to the Cl ised as o buriol-tr novol, and in ony	~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate icote, writing the be forwarded to be used as a bor removal, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO
fico fico l be ld t	MEDICAL CER	21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING UNIX P.M. 10-20- 19 68 Passenger in auto accident	18.)
= 9 × + co 0	MEL		County Stote
ICAL EX s execut for. Pag ed for y CTOR: P buriol,		22o. I certify that I took charge of the remains described above, held an Autopsy x, Inspection , Inquiry death resulted from: Natural causes , Accident x Suicide , Hamicide , Undetermined manner	ond in my opinion
Try blease y, please and directed are retained at prior to brior t		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF SIGNATURE STORES SIGNATURE STORES SIGNATURE SIG	
o DEPUTY DICAL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, cren			er 6,1968
TO D TO FILE	23	BURIAL PREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town) (Co	aunty) (State)
VR A15ME (5)	24.	FUNERAL DIRECTOR MID ntg 1 m ery Bros ADDRESS 7/9 Kenned St NW Wash DC DATE NOV 12 1968 JCharles	NATURE
TOWN REV. 1700	-		



13	Items 18&2: 12-5-68 am	S DIVISION OF VI)7 MAKYLAND ITAL RECORDS, 30	SKATE DEI 1 W. PREST	'ARTMENT OF ON STREET, BALT	HEALTH IMORE, MARY	LAND 21201	C C 2 1 17	
FOR STATE	1583		MEDICAL EXA					15847	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First	Mi	ddle	lost		20. DATE KNOWN Mont	h Doy Year 2b.	HOUR
any delay is 2, and 3 ta PM3. Page spuriment of		WILLIAM			GARDINER		DEATH MATED	28 19 684	·454
any delay is 1, 2, and 3 ta m PM3. Page			TE OF BIRTH	6. AGE (In year last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAD Month Day	Year 2d	. HOUR
P.M. P.M.	Male W 70. BIRTHPLACE (Stote or	hite SE	N OF WHAT COUNTRY?	3655Y	ARRIED NEVER MAR	0.00	UNITY OF DEATH	28, 19 684	:45%p
- E &	country) MARYLAN		A.			RCED 7. CO			44.1
after deoth 8. Give Pages 1, along with farm with the State De	10. CITY OR TOWN OF DE		II. NAME OF HOSPI		ON (If not in hospital	120. USUAL O	CCUPATION (Kind of work done		S OR
after deoth 3. Give Pago along with with the Sta	TaP1a		give street oddress) LaPlata	Hosnit	a 1	during most	of working life, even if retired. ER	INDUSTRY	
8. Giver along along with 1	13o. USUAL RESIDENCE (1 admission) STATE	Where deceosed lived,	if institution: Resident	e before 13c. Cl	Y OR TOWN 13d	. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	T.2 Box 103	
Office and 2 v	14. FATHER'S NAME	Md.	ST MARY			XIZ NO X	Mechanicsvil		
	WILL	First He	_	Lost	IS. MOTHER'S MAID	DEN NAME First	Middle	Lost	
hin 24 nct in nimer's pages haurs	160. WAS DECEASED EVER I		16b. SOCIAL SI		17. INFORMANT	SES MIAUS	E STONE ADDRESS		
within pence Examiliate po	(Yes, ng, or unknown)	(If yes give war or dates o				S.GARD	INER RT 2 Box	103 MECHANI	AND
	IB. CAUSE OF DE	ATH (Enter only one cou	use per line for (a), (b),	ond (c).)				APPROXIMATE INTER BETWEEN ONSET AND I	VAL
be executed "pending" in rief Medical E ansit permit. F event within	PAKI I. DEATE	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Fat	ty met	amorphosi	s of li	ver		
e ex pend sit p	Conditions, if ony,		TO, OR AS A CONSEQU	JENCE OF					
Id by Chife	rise to immediate	couse (a),	(b)E TO, OR AS A CONSEQUENT	IENCE OF					
certificate shauld be e writing the ward "per rwarded to the Chief I rsed as a burial-transit navat, and in any ever	stoting the underl	Aind conze	(c)	DEIVER OF					
certificate sh writing the rwarded to sed as a bu laval, and in	PART 2. OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATE	TO THE TERMINAL DE	SEASE OR CONDITION	ON GIVEN IN PART 1(o)		
rifica iting arde d as	\$ 581.0		Acute et						
its, writin ite, writin forward oe used ar remaval,	190. DATE OF OPERA	ATION		N FOR WHICH O	PERATION			20. AUTOPSY?	
This ficate, be found be u	190. DATE OF OPERA	E WAS 21b	TIME OF INJURY Month,	Day Year	21r HOW INJURY OCC	TIPPED (Enter note	ure of injury in Part 1 or Port 2,	A bull	0 🗀
INER: 1 e certific should b files. 3 should atian, a	PRIMARY OR CO CAUSE OF DEATH 21d. INJURY OCCURR		HOUR A.M. P.M.	19	ZIV. HOW HOOK! OLV	DEVELO (FIRE HOLE	ne or sulpry in rost 1 of Post 2,	Nem 15.)	
EXAMINER: cute the certi age 4 shauld r yaur files. Page 3 shau f, crematian,		- CO	INJURY (At home, form,	street,	21f. LOCATION Street o	r R.F.D. No.	City or Town	County	Stote
L EXAM ecute th Page 4 ar yaur R: Page iot, crem	AT WORK AT WO	RK TIGGOTY, GTAC	e building, etc.)						
- 9 - 2 <u>c</u> :		tify that I took char				osy XX In	spection , Inquiry	ond in my o	pinion
bical Eposes exect director. Por retained far DIRECTOR: or to buried	death result	ed from: Natur	al causes 🗶	Accident [],	Suicide ,	Hamicide	, Undetermined manne	r 🔲	
y, pled directed directed directed prior t	ACTUAL	hold U	1/2 let			MEDICAL EXAMIN		TE SIGNED	
DEPUTY ressary, e funeral may be to FUNERAL salth prid	SIGNATURE	4 1	Willer V		TAU A	STANT MEDICAL EXAM	STATE OF THE PARTY	11/29/68	
		Ronald N. 1	Kornblum.	M.D.		RESS(Street, city, to			-
5 = = 0 =	230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. N	AME OF CEMETER	Y OR CREMATORY		LOCATION (City or Town)	(County) (State)	
0.89	24. FUNERAL DIRECTOR	DEC.2,	1968	ST. JOS		2So. REC'D BY RE	RGANZA, ST.MA		ND
VR ATSMETS	W. CLARKE M	ATTINGLEY	LEONARDTO			DATE DE		Charles Jus	ge.

Est (married promoter s) will up yield the best it a single will TAJYANE -SHEET STANDARD KANDER MADE WITH THE PARTY OF THE P and spire of a property of Estate (25), 1965 et., categorie Mikeshiri a two will be a control of The state of the s

		15833 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1 /	T A	em#23aFilm#G408 12/31/68 vmp CERTIFICATE OF DEATH
- 27		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
death heral ond 2		And D. V.
er deoi funera 1 ond er deoi	3. SE	
rs after death the funeral ages 1 and 2 rs after death		OTale Colored DEDZERAGE 26/878 last buttbelow) YRS MONTHS ONYS HOURS MIN
Se S	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO STATE OF DEATH
	70.10	Tobacco old U-S. WIDOWED DIVORCED Chates
E 281	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
章 人		riorbury Mechinist Powder tester
ted for the state of the state	13a. admi	USUAL RESIDENCE (Where defensed lived, if institution: Residence before 13c, CITY OR TOWN 13d, MISIOE CITY JUNIUS? 13e, STREET AND NUMBER
nd comp		
8 8 7 5	149 1	Tather's NAME First Henry Fray Is. MODERS MAIDEN NAME First Middle Lost Smallword
ate (by reion leose and ii	160.	WAS DECEASED EVER IN U.S. ARMED EDROES? 16h SOCIAL SEPTRITY NO. 17 INFORMANT Address
uires that the deoth certificate le hysician. gned by the attending physicion trial-tronsit permst. Then pleose trial, cremation, or removol, and	Y	es, na a unknown) (1 yes give war or do do so of softe) 217-42-8742 Mrs Regin & C. Washington Oldr Sury - OMid.
ng p The		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
le deoth ce attending permst. Th on, or rem		PART I. DEATH WAS CAUSED BY. A CURE Congestive Heart Dailure 24445
affe perr ion,		DUE TO, OR AS A CONSEQUENCE OF
hat the dr. y the att y sonsit per emation,		Conditions, if ony, which gave is to immediate cause (a), (b) Arterio 5 cls 1 ofter Heart Disease 5-64-5
tha ian. I by tron crer		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysic ysic ned rial		DOST. (C)
requestion signatures of the property of the p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
adin beer the ort	NOIT	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200/17 YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The Potter hos hos as as	IFICATIO	YES NO CAUSES OF DEATH?
IAN: T of or of ficote to us for us Health	CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
C C C C C C C C C C C C C C C C C C C	SICAL	OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
HYSI hosp refer rehect	WE	21d INHINDY OF LIPPED 21a PLACE OF INHIBY CATHOME FARM, STREET, FACTORY A 214 LOCATION Street or P.F.D. No. City or Town County Street
this derive De		of wark of wark
by the control of the		22a. I certify that (I) (this haspital) attended the deceased from, 19, ta Nov. 6, 19_68_, that (I) (we) la
The defendence of the state of		saw the deceased alive an 1000, 4 1966, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
OR ATTEN De retained DIRECTOR: /		22b. SIGNATURE 22c. DATE SIGNED
OR be red v		Front A Dissantin Q DEGREE PHYS DIRECTOR I STAFF I 11-6-68
TAL Noy Pog Pe fill		22d. PHYSICIAN'S NAME (Type) FRANK A SUSAN H.D. 22e. ADDRESS Rt. 1 Gox 50, Indon Head. Old 20640
O HOSPITAL OR ATTER Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		
She de	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
	24.	FUNERAL DIRECTOR 2SO RECD BY REGISTRAR 2SO REGISTRARS SIGNATURE
¥R A15 (4) مر 30M REV. 1768	Z.	1 1 Ecot of trade of the NOV 13 1968 Schanles Judge

VIAND CTATE DEDABLEMENT OF HEAL



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5:43
HEALTH DEPT.	1 D		V IN 110116
TEALITI VEFT.		Type or Print) Marion Johnson	ay Year 25 HOUR
575	3 58	DEATH MAREU []] 7	9 14 68 4 pM
e tall		171-9-1916 ass birthday) MONTHS DAYS HOURS MAN Month Day	Year
265		emale Colored 52 YRS November 29 BRITHPLACE (Stote or foreign 76 CIVIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 68 4 PM
form form te De	coup	Taryland USA WIDOWED DIVORCED Charles County	Md
	TD. C	HT UK TUWN UP DEATH IT NAME OF MUSPIPAL OK INSTITUTION (IF NOT IN MOSPITAL 1/20 USUAL OCCUPATION (Kind of work done 1/2	6 KIND OF BUSINESS OR
we P	La		DUSTRY
s after 18. G.ve along with the		USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c City or Town 13d MSIDE CITY LIMITS 13e. STREET AND NUMBER	
2 % = 28.0 de ¥ ol.	00	drivision) STATE 13b (OUNTY LaPlata YES NO LaPlata Md.	
hours Item 11 Office offer d		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
irs o		arion J.Smoot Evelyn Hawkins	
within 24 pencil in xaminer's ille pages 72 hours	léo (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 85. no, or up (form) (H yes give war or dates of service) (Ab. SOCIAL SECURITY NO. 17 INFORMANT DOTOTHY Marshall—Sister.Pom	oml 163
Exon Exon File	,	740	APPROXIMATE INTERVAL
ecuted withing the period of t		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY: Arterioscleratic cardiovascular discard	BETWEEN ONSET AND DEATH
xecuted nding" in Medicol permit. nt within		PART DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease	
be exe "pendi nef Me ansit pe		to the second of the terms of	
ould b		tonditions, it only, which gove has been supported by the course (o). It stort the underlying couse (Due TO, OR AS A CONSEQUENCE OF	
should be end word we the Chief of the Chief buriol-transit in ony ever		kist (2)	
INER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pag should be forworded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages land 2 with the Stanation, ar removal, and in any event within 72 hours ofter death.		PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficating ing os os os () o ()	>	4.221	
is certificate, writing forword or used or removal,	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
his obe, obe u	TIFIC	WAS PERFORMED?	YES NO NO
MINER: This the certificate, 4 should be for ifles. e 3 should be temat on, or retemation, or retemation.		216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18)
INER: T ie certifica shoutd b files. 3 should out.on, or	MEDICAL	CAUSE OF DEATH P.M 19	
KAMINER: te the certi ge 4 should your files. age 3 shou cremat on,	*	21d INJURY OCCURRED 21e PLACE OF NJURY (At home, form, street, white work white foctory, office building, etc.)	County State
		AT WORK LI AT WORK L	
		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection [X]. Inquiry,	and in my apinian
director. etained DIRECTO or to bur		death resulted from: Natural couses X(X), Accident , Suicide , Hamicide , Undetermined manner	J
please I direct retaine DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	ENED
UTY ory, lerol be r RAL		SIGNATURE AFTER AF	
O DEPUTY necessory, p the funerol S may be re D FUNERAL Health prio		NAME (Type) Edward F. Wilson M.D. ADDRESS(Street, city, town, or county)	
TO DEPU necessor the fune 5 may b 10 FUNER Heolth	230	BURIAL TREMATION, 23b DATE 23c NAME OF CEMETERY OF REMATORY 23d LOCAT ON (City of Town) ACC	ounty) (Stoty)
		REMOVA (Specty) 12-3-68 St. CATLERINE PONIFRET	/X/ (2)
CK.	34	FUNERAL DIRECTOR 250. REC D BY REGISTRAR 256 REGISTRAR 5 SIG	NATURE
VR A15ME KEN	1	ERDY E. BERRY HMONKEY MD DATE DEC 2 1968 Johnson	o Judge

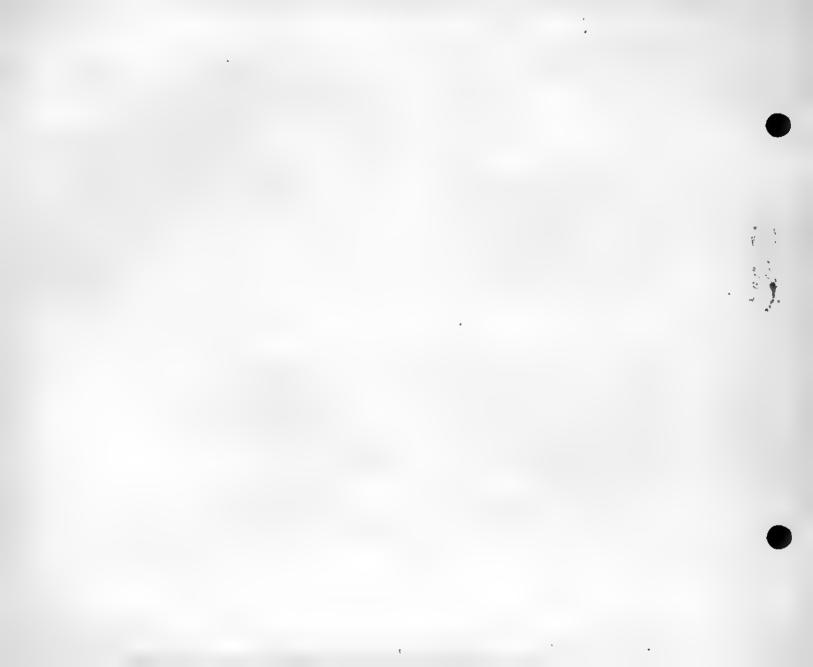


11-600	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1
FOR STATE	# 15835 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN TO Month Day Year	2b. HOUR
ov is Poge anfof	(Type of Full)	8 8 1 0 0
deloy is and 3 to M3 Poge menf of	3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years F CARDE - YEAR IF UNDER 24 HES 2c. DATE PRONOUNCED DEAD	2d HOUR
P G T	Male Colored 6-5-99 69 November 22. 968	8:1Mp
De 2	70 B.RTHP_ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY)	
2 2 2	Richmond Va II S.A. WIDOWED DIVORCED Charles 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (f not n hospital DCCUPATION (Rind of work dane 12b KIND OF B	Md.
電電	give street address) during most of working life, even if retired.) INDUSTRY	SOUTEST ON
	Waldorf RaPlata Hospital Auto Wrecker 130 USUAL RESIDENCE (Where decassed lived, if institution: Residence before 13c. CITY DR TOWN 13d JINSIDE CITY LIM. 152 13e. STREET AND NUMBER	
2 will dec	odmission) STATE 13b. COUNTY Charles Waldorf Wes No Waldorf, Md.	
hin 24 hours affeind in Item 18. Gininer's Office oforpages 1 and 2 with hours offer death	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle L	ost
24 in l	IInknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	
thin 24 encil in miner's pages hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If you gave war or distos of sarvice) 17. INFORMANT ADDRESS	
should be executed with word "pending" in personal personal Exorol buriol-transit permit. File I in ony event within 72	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE ONLY SETMINE ONLY	ATE INTERVAL
utec ggʻʻi irali ithir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple gunshot wounds	SET AND DEATH
exect ndin Med per nt w	4/5 X DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe unsit	Conditions, it only, which gove (b) (b)	
vuld vord te Ci te Ci ony	stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
sho sho the war to the	last (c)	
ECAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Page for. Page 4 should be forwarded to the Chief Medical Exominer's Office olong with the for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Staburial, cremation, or removal, and in any event within 72 hours offer death	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
INER: This certificate ertificate, writing should be forwarder files. 3 should be used as another, or removal, or	196. CONDITION FOR WHICH OPERATION 20 AUTOF	SY?
is ce fe, v	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 211- TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	ON [
Th iffico d be d be uld b	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING THE HOUR ACK.	
INER: e cert should files. 3 shou	E CALSE OF DEATH 6:30 PM 11 22 19 68 Subject shot and robbed in trailor ho	
MIN the 4 st ur fil	MAHIRE NOT MARIE loclory, office building, etc.)	State
reessory, please execute the certile for the form of the rectile of the following properties. Funeral director. Page 4 should may be retained for your files. Funeral director. Page 3 should prior to burial, cremation.	WHILE AT WORK	
CAL execency. Por Portion of Formuring	22a. I certify that I took charge of the remains described above, held an Autapsy XX Inspection, Inquiry, and in death resolved fram: Matural transfer, Accident, Suicide, Homicide XX Undetermined manner	my apinian
pleose e) I director. retoined	CHIEF MEDICAL EXAMINER	
Ty pleose y, pleose or etoin (AL DIRE prior to	ACTUAL SIGNATURE 22b. DATE SIGNED	
Sory, unero y be IERAI	EXAMINER'S DEPUTY MEDICAL EXAMINER	
netessory, in the funeral street for the funeral to funeral to funeral to funeral Health private in the funeral to funera	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
5 = + ~ 5 =	PFMOVAI (Specify)	(Stote)
	BURIAL 11-27-68 CARVER MEMORIAL PARK PRINCE GEORGE'S CO. MAR. 24 FUNERAL DIRECTOR 1250 REGISTRAR 250 REGISTRAR SIGNATURE	YLAND.
VR A15ME [5] 10M REV 1/68	0 3015-12 of 717.	Lek.
IOW KEA 1108.	The state of the s	J

,

	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1585!
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
, HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Year 2b HOUR
0 0 0	(Type or Print) LOTTIE Fra Cey ROBERTS OF ESTI- DEATH MAIED 11	12 188 7:4%
ny delay ii 2, and 3 ta PM3. Page	3 SEX 4 RACE 5 DATE OF BIRTH A AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	12 168 7:45%p
del f3.	tost birthday) MONTHS DAYS HOURS MIN. Magch	Yeor
PM3. Page	Movember	12 19 687:45%p
- 5 63	country// HC /	
	widowed Divorced Charles	Md.
Face # So	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress) 13 Plata 14 Plata 15 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 16 CITY OR TOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 18 Plata	12b KIND OF BUSINESS OR
Give Pages I, ng with form in the State De		U.S. GOUT.
death.	130 LSUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13a INSTECTIV IIM 152 13e STREET AND MUMBER	Rt. Q
5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	odmission) STATE Md. 13b COUNTY Charles Waldorf YES NO Waldorf Md	304 270-1=
haurs Irem Affice offer of	14 FAZHER'S NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle	A d lost
4 = 8 2 5	Thomas D. Fraley Virginia	Wahala
thin 24 incol in niner's poges hours	160 WAS DEGEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. / 17 INFORMANT / ADDRESS PT	t. 2 By 270 F
within pencal xamine ile poga	(Yes ab or unknown) (If yes give war ardates at service) 240-04-5954 (Trence F. Roberts U	1-11 1 11-
with pe Exam	3337 6 (876) 6 7 7 (867) 6	APPROXIMATE INTERVAL
thing the	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
This certificate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencil in Item_18. Give Pag be farwarded to the Chief Medical Examiner's Office along with 3 be used as a burial-transit permit. File pages Tand 2 win the State remayal, and in any event within 72 hours after death.	MMCDIATE CAUSE (0) Paeumonia	
ex f Mi f Mi ent	DUE TO, OR AS A CONSEQUENCE OF	
be hier ans	Conditions, if any, which gave rise to immediate cause (a), (b)	
rare re C ie C	stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
sha e w o th ourie	lost. (c)	
tertificate shauld writing the ward rwarded to the Ch sed as a burial-tra naval, and in ony	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate into writing the farwarded to used as a bremaval, and	1444	
writh writh wall wall	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AJTOPSY?
far far em	₩AS PERFORMED?	YES NO
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages action, ar remayaf, and in ony event within 72 hours	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2,	
uld uld out		more roof
KAMINER: te the certi ge 4 shauld yaur files. 'age 3 shaul crematian,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	Country Chan
	WHILE AT WORK AT WORK	County State
bical Examiner: se execute the certi sctor. Page 4 shauld ned far yaur files. IECTOR: Page 3 shau burial, crematian,		
ICAL E sector tor. Paged for CTOR: buriol,	220. I certify that I took charge of the remains described above, held an AutopsyXX, Inspection , Inquiry	ond in my opinion
	death resulted from Netural couses XX Accident, Suicide, Hamicide, Undetermined manner	r 🔲
please please I director retainer L DIREC	CHIEF MEDICAL EXAMINER	
y, ple eral di se reta sal Di prior	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATI	TE SIGNED
ER be and		13. 1968
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be refained far yaur D FUNERAL DIRECTOR: Page Heafth prior to buriot, crem	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	10, 1700
TO DEPUTY necessary, the funer 5 may be TO FUNERA Health pr	230 BJRIAL, CREMATION 23b/ DATE 23 NAME OF CEMETERY OR CREMATORY : 23d OCATION (C ty or Town)	(CoyInty) (State)
	Burial (Specify) Nov. 15, 1968 Oak (and Cemetery Waldort,	Chas Mi
	Contract Individual Contra	S SIGNATURE
VR ATSME (S)	11/ 31	contes Judge
10M REV 1/68 J	/ Unate MOV 10 1300 /	





_	ı	_		D STATE DEPARTMENT OF		
<u></u>		15838		301 W. PRESTON STREET, BA		1585
				ERTIFICATE OF DEATH		
leath. eral and 2 leath.		(Ype or point) First ELIZAE	BETH VIOLA	THOMAS	2a. DATE OF DEATH Month	2b. HOUR
fun Fer d	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR F UNDER 24 HRS
appear a page a		Female	Negro	October		MORTHS DAYS HOURS MIN.
by Pour	70	BIRTHPLACE (State or foreign 7)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
4 h h lin lers.	COU	Maryland	U.S.A.	WIDOWED DIVORCED	Charles	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.	10.	TITY OR TOWN OF DEATH La Plata	11 NAME OF HOSPITAL OR INS	ที่เบทเดก (if not in hospitol 120 บั Memorial Hospital	SUAL OCCUPATION (Kind of work done.	126 KIND OF BUSINESS OR
l wi arbo ar, w	130		-	13c. CITY OR TOWN 13d. HSIDE CT		
ecuted campli	odm	ssion) STATE Md.	13b COUNTCharles	La Plata YES 🔀	NO□ Hawthorne	Drive
and (and in an)	14. 1	ATHER'S NAME First Peter	Middle Lost Wills	Is. MOTHER'S MAIDEN NAM Nartha	E First Middle	Knott
and	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY N	IO. 17. INFORMANT	Address	
an pl		es, no or unknown) (If yes give war s	R13-42-0		. Thomas-Husband	
e m e m		18. CAUSE OF DEATH (Enter anly	one couse per line for (a), (b), and (c). (CAUSE (a)	19 11	20'	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
deat meit.		IMMEDIATE	CARSE 10)	oury one	allem	11.21-65
he at per		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	. M. Alle	li tin	11 0010
nat 1 , th. , th. ema		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	your need	ocpa	11-20-60
the signal of the second of th	Н	stoting the underlying couse	lel			
quire phys igne igne uria	Ł	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART I(o)	
ng red	z	464 x	_			
lay endi s be as ti iriar	CERTIFICATION	19a. DATE OF OPERATION 19b CO	NDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The aff						
AN: al aı icate far (Hea		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2,	Item 18)
Spit Spit Spit Spit Spit Spit Spit Spit	MEDICAL	(If either, natify medical examiner	P.M. 19	SON'S OUR LOCATION CO. IN DEC.	N Z	County State
PHY e ho nis o tach Dept	-	21d. INJURY OCCURRED While hot while of work at work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R F.D.		,
A the de de de de	1	22a Leastify that (1) (this	hospitally attended the Mercass	od from 11/21/ 19	08, to 11/27/, 19	68 that // /wal last
d by African de Street Street	П	saw the deceased gliv	e an []] (we) (did) (did nat) view the	9 and that in (my) (aur)	9.68, ta $11/27/$, 19 apinian death accurred an the de	ate and haur and from the
E S S S S S S S S S S S S S S S S S S S	П	// ///	(I) (we) (did) (did nat) view the	bady after death.		
RECI	1	22b. SIGNATURE	Anders!	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED 11/27/1968
AL ON PART OF	ш	22d PHYSICIAN'S NAME (Type)	Joseph Company	22e ADDRESS		
SPIT. 4 mc ar, p d be	L	NAME (Tope) E.	J. Edelen, M.D.		Plata , Maryland	1
Single Si	23n	BURIAL, CREMATION, 23b. DA	730/1968 23c NAME OF Saci	CEMETERY OR CREMATORY Cemet	tery La Plata	(County) (State)
E E ON		FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 256. REGISTRAR'S	
30M REV 1768			1 Home, IncLa			Man Varge
1/)					1000	

٠. ٠. . 3

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1005 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME 20 DATE KNOWN The Month Year 2b HOJR (Type or Print) John Colonel Thompson Jr. ESTI-Iny deloy is 2, and 3 to PM3. Poge 5 DEATH MATED F JNDER 24 HRS 3 SEX 4 RACE 6 AGE (in veges IF JMDER I YEAR S DATE OF BIRTH 2c DATE PRONOJNCED DEAD 2d HOUR Departme Male Negro 1-29-1951 149nth 17-689 Yeor -AM YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR EDITAL 9 COUNTY OF DEATH comMaryland Charles WIDOWED T DIVORCED [Stote 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USJAL OCCUPATION (Kind of work done 126 KIND DE BUSINESS OR give street productions wavenog Waldorf Md. dueing most of working life, even if retired) INDUSTRY 130 USJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER Charles LaPlata Md YES NO ofter 14 FATHER'S NAME Middle is Mother's Malpen Name First Georgina Swann John Colonel Thompson Sr hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Robert L. Penny, LaPlata Md. None event within APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) BETWEEN ONSET AND DEATH Poge 4 should be forworded to the Chief Medical PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Multiple Extreame-Esp Head Immediate DUE TO, OR AS A CONSEQUENCE OF burrol-tronsit Conditions, if ony, which gove) (b) Due to Auto Accident Immediate rise to immediate couse (o). certificate should writing the word. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) removol, 190, DATE OF OPERATION 9b. CONDIT ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate. YES T NON X 210 EXTERNAL CAUSE WAS 21b JuME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PR MARY DOR CONTRIBUTING CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town County Stote factory office by ding etc) Highway -228 AT WORK AT WORK Waldorf Md. Charles County Md. 22a 1 certify that I taak charge of the remains described above, held an Autopsy ... Inspection XX Inquist X and in my opinion director. Natural causes -- Acciden(XIX death resulted from Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL) 226, DATE SIGNED ASSISTANT MEDICAL EXAMINER 11-18-68 DEPUTY MEDICAL EXAMINER XX 5 may 10 FUNE Health NAME (1/2) James E. Andrews MD ADDRESS(Street, city, town, or county Indian Head Md. 236 BURIAL REMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMUVAL (Spec (y) 120 IMFORU 250 REGISTRAR'S SIGNATURE LAN 24 FUNERAL DIRECTOR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



	150/0	DIVISION OF VITAL RECORDS			201 1585	1)
•	15840		CERTIFICATE OF DEA	ATH		
# -2#	DECEASED NAME (Type or pnnt)	rst M. ddle	Lost	2a. DATE OF DEATH Month	Day Y	2b. HOUR
24 nours after deoth ed in by the funeral opers. Pogrs and 272 hours after death	Tri	1ton Rudolph	Welch	11 Mainin 2	24 68 Year	7:15A
	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In yet last birthday	IF UNICER 1 YEAR MONTHS OWYS	F LINCER 24 HRS.
s at	Male	White	March	6, 1884 last birinals	YRS.	Traces and
by P	a manager (75. CITIZEN OF WHAT COUNTRY?	B. MARRIED MEVER MARRIED	9. COUNTY OF DEATH		
d in d in 72 h	Maryland	U.S.A.	WIDOWED DIVORCED	Charles (County	Md
ecuted within 24 nours a completely filled in by the over corban popers. Pogy event, within 72 hours	10. CITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR IN	ISTITUTION (IF nat in haspital 12	a USUAL OCCUPAT ON (Kind of work	dane 125, KIND OF BI	JSINESS OR "
ely ban with	La Plata	Physicia	ans Memorial	ump House Oper	Govt	•
cuted with completely we corban revent, wi	13a JSUAL RESIDENCE (Where dec	Physici: eased lived, if institution: Residence before 13b COUNTY Charles	Indian, 13d MS	IOE CITY LIMITS? 13e STREET AND NUM		
ecut			Head	_ 100 2 30		
be exec n mid con remo		Middle Last	IS. MOTHER'S MAIDEN	NAME First	ddle	Last
ificote bo nysician n please ol, and i	16a. WAS DECEASED EVER IN U.S. / Yes, pp. or unknown) (If yes a	REMED FORCES? New wor or doing of service) 16b. SOCIAL SECURITY 214-32-4		Ado l Welch Indian	ress Rt 1 Bo	x 23
the deoth certific e attending phys permit. Then p	IB. CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), and (c			APPROXIMA BETWEEN ONS	TE INTERVAL ET (AND DEATH
eth eff	PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (a)	tlu.			dans
atter	114(14)	DUE TO, OR AS A CONSEQUENCE OF				-
the he of it position	Canditians, if any, which gas	(e)				(
thot n. oy t ons	rise to immediate cause (a stating the underlying caus	DUE TO, OR AS A CONSEQUENCE OF				
es 1 Sicio ed b ol-tr	last.	(t)				
equires that the physician. Signed by the control-tronsit puburial, cremotian	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH'BUT I	IOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)		
v re ing en he i	= 48/X MW	Al HERMA				
D HOSPITAL OR TENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remake corban poshould be filled with the State Dept. of Health prior to buriol, cremation, or removal, and interpretable with the state Dept.	2 I	Pb. CONDITION FOR WHICH OPERATION WAS P	YES 🗀	NO CAUSES OF DEATH?	DINGS CONSIDERED IN CER	TIFYING
ate ate	210. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part I or	Part 2, Item 18.)	
of the of the	OR CONTRIBUTING CAUSE OF CAUSE	DEATH HOUR A.M Manth Day Year miner) P.M.	9			
HYSI hosp trhe		THE PLACE OF INJURY (AT HOME FARM STREET, FO	ACTORY.) 21f. LOCATION Street or R.	.F.D. Ng. City or Town	County	State
this this dete	771110				10	
by 1 frer be obe	22o. I certify that (I)	this hospital) attended the decear alive on	ed from 100 2	, 19_0d, 10_10	_, 19 <u>50</u> _, that ((we) lost
END Bed A	sow the deceased	olive on 1000-3	19 👓 , and that in (my) (ai	ur) opinion deoth occurred on	the date and hour o	nd from the
후 무성된	22b SIGNATURE	treating (and fail) they had	Dody Brief decili		22c DATE SIGNED	1
OR be re	Nu	bu Strong . w	DEGREE PHYS [DIRECTOR D STAFF D	11125	(8)
AL (22d. PHYSICIANS -	ta M	228 ADDRESS	1.10	120	
PIT mo	NAME (Type) DR	1020 M. 110N	Art 05/13/1	(F1417)	1/4.	
TO HOSPITAL OR LITENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health		b. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Tow	n) (County)	(State)
5 5 5 E	REMOVAL (Specify) Burial	1-27-68 Nazar	ene Cemetery	Pisgah Ch	arles. Md	
_	24 FUNERAL DIRECTOR	ADDRES	S 2Sa.		STRAR'S SIGNATURE	
VR A15 (1) 30M REV 1218	Huntt Funera	l Home, Waldorf,	Md. DATE	NOV 2 9 1968 R	harles Jud	1

MAKILAND STATE DEPARTMENT OF BEALTH

4 n n

1	MARYLAND STATE DEPARTMENT OF HEALTH em#23a DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE A	15856	
HEALTH DEPT.	OFFEASED NAME First Middle tost WOODLAND 20. DATE KNOWN Month Day Year OF ESTI- DEATH MATED NOV. 9, 16	25, HOUR 9:00 ^M
y delay is 7, and 3 to PM3. Page artment af	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIH Nov. Day 9, Year 19 61	2d. HOUR
1 S 1 - 1	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Charles	Md.
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waldorf 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during mast of warking life, even if retired.) 12. ISUAL OCCUPATION (Kind of work done during mast of warking life, even if retired.)	JSINESS OR
0,55 8 618	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATEMaryland 13b. COUNTY Charles Laplata YES \(\subseteq \) NO \(\subseteq \)	
24 haurs in Hemal Office rs affer of	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 1	osl
within 24 pencil in xaminer xaminer ile pages 72 hours	a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 2 15 417 H Les & Washington Promoters 7	uk.
- iii ii _		ATE INTERVAL SET AND DEATH
be executed view mief Medical Example Transit permit. Firevent within	Canditions, if any, which gove)	
should be executed ne ward "pending" in ta the Chief Medical burial-transit permit.	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ficate s ing the ided ta as a bi I, and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Fatty Metamorhosis of Liver	
is certific te, writin farwards e used as	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOP YES \$\frac{1}{2}\$ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
INER: This certificate, write should be farwar files. 3 should be used a should be used intion, ar remova	210. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) PRIMARY OF DEATH 21. LOCATION Street or R.F.D. No. CAUSE OF DEATH 21. INJURY OCCURRED 21. INJURY (At home form street) 21. INJURY OCCURRED 21. INJURY OCCURRED 21. INJURY (At home form street) 21. INJURY OCCURRED 21. INJURY OCCURRED 21. INJURY (At home form street) 21. INJURY OCCURRED 21. INJURY OCCURRED 21. INJURY (At home form street) 21. INJURY OCCURRED 21. INJURY OCCURRED 21. INJURY (AT home form street) 21. INJURY OCCURRED	
	21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE AT WORK 1 NOT WHILE Telephone Blgd. 21f. LOCATION Street or R.F.D. No. City or Town County Maldorf Charles	State M.D.
ICAL EX execut for. Pag ed far y CTOR: P		my opinion
EPUTY DIC, Starty, please e funeral director aly be retained NERAL DIRECT the prigit to but the prigit	ACTUAL CHIEF MEDICAL EXAMINER C	
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	SIGNATURE AND ASSISTANT MEDICAL EXAMINER 22b. DAYE SIGNED EXAMINER'S Ronald N. Kornblum, M.D. NOVember 10 ADDRESS(Street, city, town, or county)	,1968
TO D The s The s	36. BURIAL, CREMATION, REMOVAL (Specify) 1/1/3/68 ST. Tespoh Church TOW TOWN), (County)	(Store)
VR AT SHE TOOL	A. FUNERAL DIRECTOR REGISTRAR TO 256. REGISTRAR'S SIGNATURE LAND BATENOV 1 3 1968 HOLLOW HOLD HOLD HOLLOW H	JE ANO

Wirehlank Jee. P. Worth and Pengent M. make the attendant attendant A STOR THE LAND The hand to be at 100 for him to 2 th providing

TO THE REPORT OF THE PARTY OF T ENAM Z'TO-HT And Asia Tour Joe Banks and A can find a married to the The state of the s the state of the state of AND THE STREET, SE LEASED SEE THE PROPERTY AS - The transfer of the second transfer of the second second